

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 03/01/2022 16:23 (SGT)
Date of Accident 31/12/2021 03:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information CENTRAL EXPRESSWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR1642Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ALEXENDER ANTHONY
Passport No/FIN G2153791N
Email Address alexender59483@gmail.com
Mobile Phone No (Phone) +65-87489422
Alternative Phone No +65-87489422

VEHICLE PARTICULARS

Manufacturer Yamaha
Model T150
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Manual
CC 150

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number A300486849 VMP
Cover Note Number -

DRIVER

Name of Driver ALEXENDER ANTHONY
Passport No/FIN G2153791N

Date Of Birth	22/01/1994
Occupation	Indoor
Date Of Driving Pass	14/06/2013
Driving experience	8 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87489422
Alt. Phone Number	+65-87489422
Email Address	alexender59483@gmail.com
Address	BLK 362A SEMBAWANG CRESCENT #14-851
Address complement	-
Postcode	S751362
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1617D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD4670Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ALEXENDER ANTHONY
Gender	Male
Phone No	(Phone) +65-87489422
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR1642Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

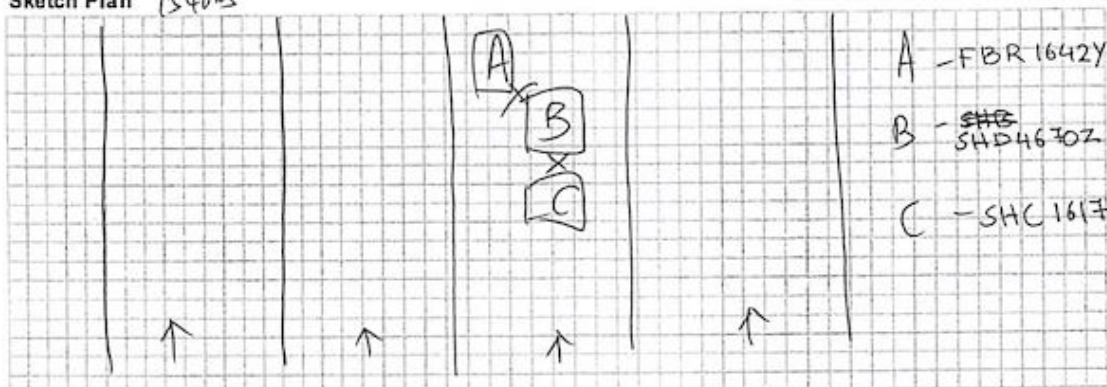
Policyholder's Signature / Date & Time
03 JAN 2022

Sketch Plan 1540ms

Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

Please refer to police report.


Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date &
 Time 03 JAN 2022
 1540hrs

Driver's Signature (if driver is not the policyholder) / Date
 & Time




 Witnessed by Reporting Centre
 Personnel



**SINGAPORE
POLICE FORCE**



T/20211231/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20211231/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/12/2021 04:44		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ALEXENDER ANTHONY			Address:		
ID Type / ID No.: FIN NO / G2153791N			Contact No.: Home/Office: Mobile: 87489422		
Nationality: MALAYSIAN			Email: alexender59483@gmail.com		
Sex: Male	Age: 27	Date of Birth: 22/01/1994	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Engineer			Driving Licence Information: Class: 2A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/12/2021 03:30	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR1642Y	Motorcycle	YAMAHA	SNIPER T150	Orange	Seriously Damaged	0
SHC1617D	Car				Seriously Damaged	1
SHD4670Z	Car				Seriously Damaged	4



**SINGAPORE
POLICE FORCE**



T/20211231/7004

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20211231/7004

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR1642Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	CN51004946	04/10/2021	30/09/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ALEXENDER ANTHONY	ID No.	G2153791N
Related Vehicle	FBR1642Y (Motorcycle)	Contact No.	87489422
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 2A Date of Expiry: NIL
Date	31/12/2021	Date	31/12/2021
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

I was riding my bike along the said location on the right most lane.

I slowed down as I was reaching my exit.

Suddenly I felt a huge impact from the rear that caused me and my bike to be thrown forward.

I alighted and realised it was a 3 car collision.

My bike : FBR1642Y
2nd taxi : SHD4670Z
3rd taxi : SHC1617D

Police arrived and we exchanged particulars.

Following I left the scene, and I felt pain on my leg. Hence I went to a 24HR walk in clinic to consult a doctor and was given 3 days of MC.

I am making this report for claim purposes.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20211231/7004

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Report No. T/20211231/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
31/12/2021 04:44

Classification Of Case:







